

**ORIGINAL****NEW APPLICATION**

0000024283

Lyn Lee Water Co.**2321 W. Catalpa Way****Tucson, AZ - 85742****(520) 297-2020**

July 18, 2005

Docket Control

Arizona Corporation Commission

1200 W. Washington

Phoenix, AZ 85007-2927

W-01854A-05-0543

RECEIVED

JUL 27 2005

**ARIZONA CORP. COM.
TUCSON, AZ**

Attached is an application by Lyn Lee Water Co. Inc. for an extension of the Certificate of Convenience & Necessity. The purpose of this application is to correct the CC&N service area records for the Lyn Lee Water Co.

In 1972 my husband and I purchased a water company in the Marana area from Clyde Berry. We named the water company Lyn Lee Water Company, Inc. This water company serviced an area that Mr. Berry was developing, as well as several additional connections on its periphery.

I recently discovered that the C C & N records at the Corporation Commission do not include the entire area that I have been serving since 1972. Apparently the attorneys or someone failed to include the southern half of Section 19, Township 11S, Range 11E. {This area is approximately circumscribed by Trico-Marana Rd/Grier Rd (N/S) and Luckett Rd/Wentz Rd (W/E).}

The Lyn Lee Water Company's entire service area includes approximately 65 hook-ups (not all are presently in use). At least 30 of these hook-ups are scattered within the southern half of Section 19, Township 11S, Range 11E,

The balance of the services is located within the area properly recorded with the Corporation Commission (namely parts of Section 24, Township 11S, Range 10E).

I would appreciate very much if you would advise me how I can correct the records to properly reflect the entire service area that has been served by the Lyn Lee Water Co. since 1972. There has been very little or no new development in the area since 1972.

Thank you for your assistance.

Margaret E. Boring

Lyn Lee Water Co.

2321 W. Catalpa

Tucson AZ 85742-9444

(520) 297-2020

**AZ CORP COMMISSION
DOCUMENT CONTROL**

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ARIZONA CORPORATION COMMISSION

APPLICATION FOR AN EXTENSION OF CERTIFICATE OF CONVENIENCE AND NECESSITY

WATER AND/OR SEWER

A. The name, address and telephone number of the Applicant is:

LYN LEE WATER CO., INC. - 2321 W. CATALPA
TUCSON, AZ 85742-9444 (520) 297-2020

B. The name, address and telephone number of management contact is:

M. E. "LAYNE" BORING
2321 W. CATALPA
TUCSON, AZ 85742-9444 (520) 297-2020

C. List the name, address and telephone number of the operator certified by the Arizona Department
of Environmental Quality:

ED STRAUGHN (520) 297-0637
1521 W. PINE ST
TUCSON, AZ 85704

D. List the name, address and telephone number of the attorney for the Applicant:

NONE

E. Attach the following documents that apply to you:

1. Certificate of Good Standing (if corporation)

2. Corporate Resolution Authorizing this application (if required by the corporation's Articles of Incorporation) *N/A*

F. Attach a legal description of the area requested by either CADASTRAL (quarter section description) or **Metes and Bounds** survey. References to parcels and docket numbers will not be accepted.

G. Attach a detailed map using the form provided as attachment B. Shade and outline the area requested. Also indicate the present certificated area by using different colors.

Copy of Annual Report to Corp. Comm.

H. Attach a current balance sheet and profit and loss statement.

I. Provide the following information:

1. Indicate the estimated number of customers, by class, to be served in the new area in each of the next five years:

Residential: *EXISTING SERVICES SINCE 1972*

First Year 30 Second Year _____ Third Year _____ Fourth Year _____

Fifth Year _____

Commercial:

First Year 0 Second Year _____ Third Year _____ Fourth Year _____

Fifth Year _____

Industrial:

First Year 0 Second Year _____ Third Year _____ Fourth Year _____

Fifth Year _____

Irrigation:

First Year 0 Second Year _____ Third Year _____ Fourth Year _____

Fifth Year _____

Other: (specify)

First Year 0 Second Year _____ Third Year _____ Fourth Year _____

Fifth Year _____

2. **(WATER ONLY)** Indicate the projected annual water consumption, in gallons, for each of the customer classes in the new area for each of the next five years:

Residential: EXISTING SERVICES SINCE 1972

First Year 30 Second Year _____ Third Year _____

Fourth Year _____ Fifth Year _____

Commercial:

First Year 0 Second Year _____ Third Year _____

Fourth Year _____ Fifth Year _____

Industrial:

First Year 0 Second Year _____ Third Year _____

Fourth Year _____ Fifth Year _____

Irrigation:

First Year 0 Second Year _____ Third Year _____

Fourth Year _____ Fifth Year _____

3. Indicate the total estimated annual operating revenue from the new area for each of the next five years:

First Year 0 Second Year _____ Third Year _____

Fourth Year _____ Fifth Year _____

- Complete Attachment "D" (Water Use Data Sheet) for the past 13 months

4. Indicate the total estimated annual operating expenses attributable to the new area for each of the next five years:

First Year N/A Second Year _____ Third Year _____
Fourth Year _____ Fifth Year _____

J. Total estimated cost to construct utility facilities to serve customers in the requested area:

N/A - IN EXISTANCE SINCE 1971

K. Explain method of financing utility facilities (see paragraph 8 of instructions)

N/A

L. Estimated starting and completion date of construction of utility facilities:

Starting date _____ Completion date 1972

M. Attach the following permits: N/A

1. Franchise from either the City or County for the area requested.
2. Arizona Department of Environmental Quality or designee's approval to construct facilities.
3. Arizona State Land Department approval. (If you are including any State land in your requested area this approval is needed.)
4. U.S. Forest Service approval. (If you are including any U.S. Forest Service land in your requested area this approval is needed.)
5. (WATER ONLY) If the area requested is within an Active Management Area, attach a copy of, either the utility's Designation of an Assured Water Supply, or the developer's Certificate of 100 Year Assured Water Supply issued by the Arizona Department of Water Resources.
 - If the area requested is outside an Active Management Area, attach the developer's Adequacy Statement issued by the Arizona Department of Water Resources if applied for by the developer.

- If the area requested is outside an Active Management Area and the developer does not obtain an Adequacy Statement, provide sufficient detailed information to prove that adequate water exists to provide water to the area requested.

Margaret E. Boring

(Signature of Authorized Representative)

MARGARET E. BORING

(Print or Type Name Here)

PRESIDENT

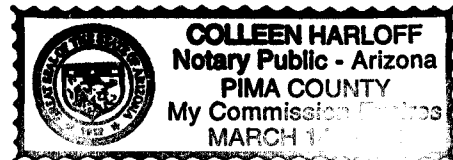
(Title)

SUBSCRIBED AND SWORN to before me this 18 day of July, 2005

Colleen Harloff

NOTARY PUBLIC

My Commission Expires 3-14-06



ATTACHMENT "B"

DIMA	19	115	11E
COUNTY	SECTION	TOWNSHIP	RANGE

6	5	4	3	2	1
7	8	9	10	11	12
18	17	16	15	14	13
19	20	21	22	23	24
30	29	28	27	26	25
31	32	33	34	35	36



Type or Print Description Here:

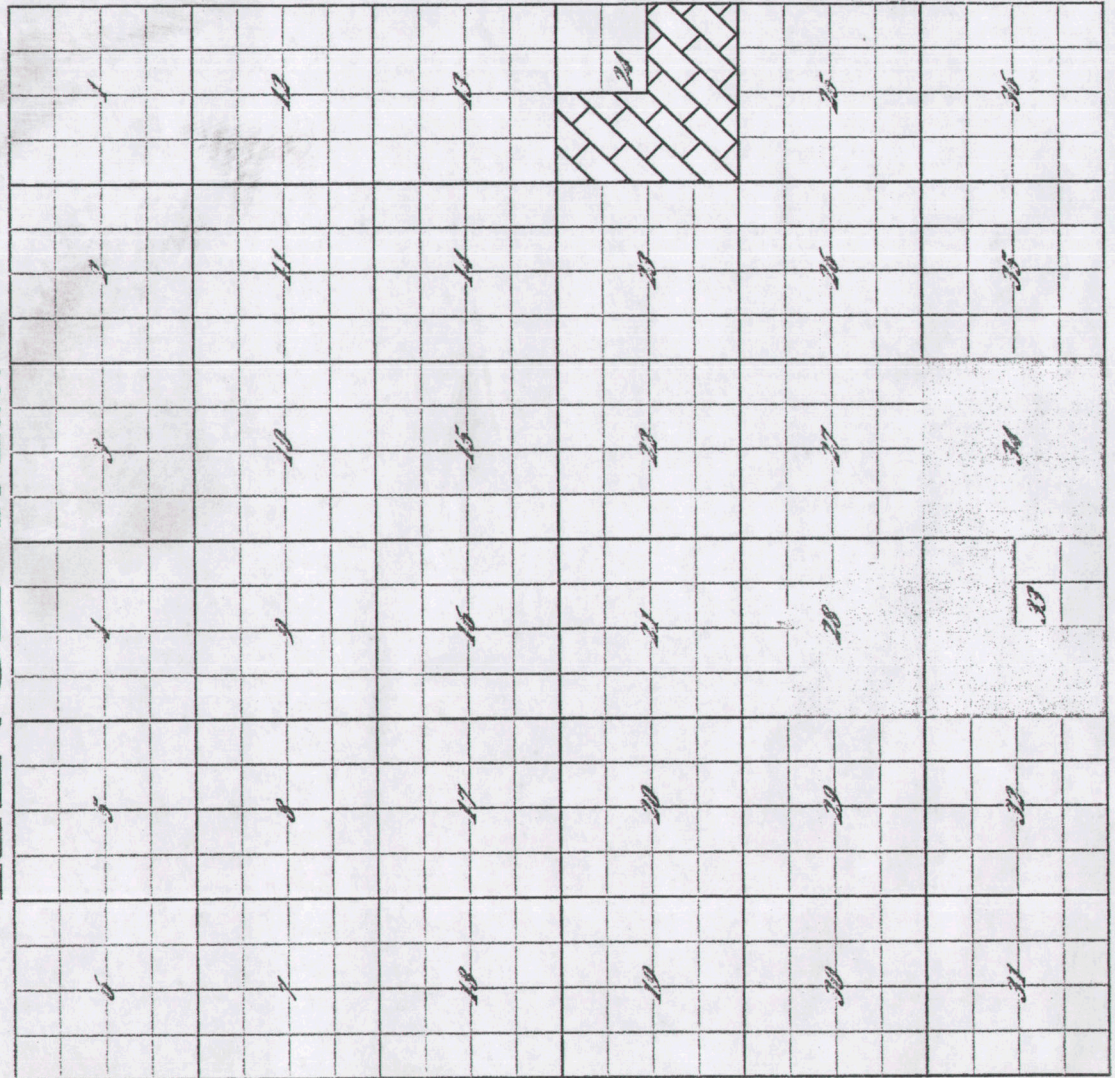
Map No. 1

COUNTY: Pima

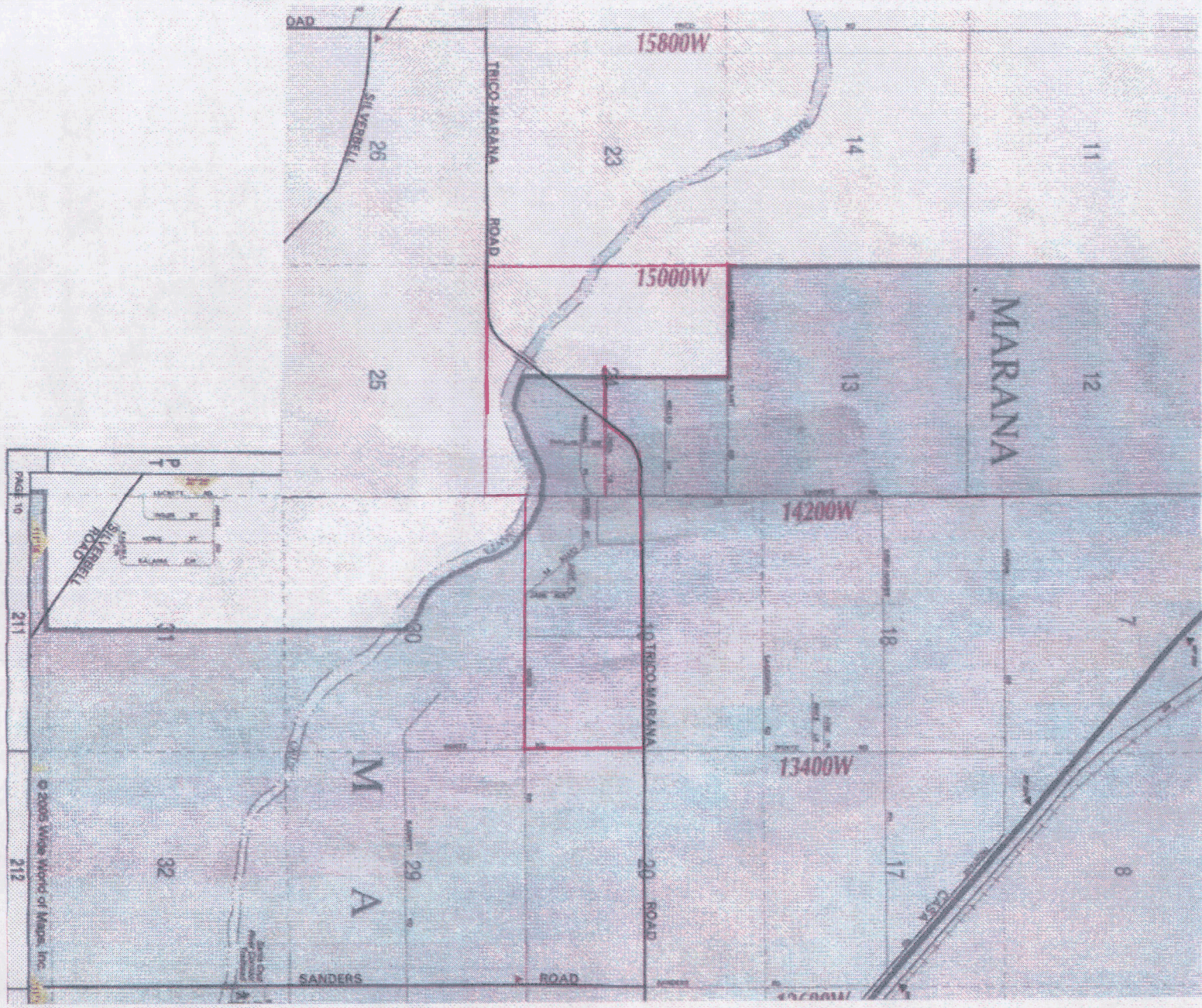
RANGE 10 East

TOWNSHIP 11 South

-  W-1854 (1)
Lyn-Lee Water Company
-  (2)
Marana Domestic Water Improvement District



copy





DEPARTMENT OF ENVIRONMENTAL QUALITY

150 West Congress Street
Tucson, Arizona 85701-1317

Ursula Kramer
Director

(520) 740-3340
FAX (520) 882-7709

June 6, 2005

Notice of Violation #: PC 0502-160

Lyn Lee Water
Attn: Lane Boring
2321 W. Catalpa Rd.
Tucson, Arizona 85741

Re: Letter of Compliance for Lyn Lee Water, Public Water System (10-007)

Dear Ms. Boring:

Enclosed is a copy of an inspection report prepared by our staff concerning the referenced facility. This report is an update of the sanitary survey that was performed on February 16, 2005, and reflects information received since the last site visit. This water system was NOT physically inspected at this time. The update was performed on June 6, 2005, in accordance with Arizona Revised Statutes (A.R.S.) §49-351 et.seq., and with the Arizona Administrative Code (A.A.C.) R18-4-122.

No violations were observed in the operation or maintenance of this system and any previous violations have been corrected. This report addresses only the operation and maintenance status and the certified operator status of the above referenced water system. This report does not address the system's compliance with respect to the public notice, monitoring, and reporting requirements. Therefore, the system may be out of compliance with respect to requirements not addressed here. For information regarding those areas, please contact the Arizona Department of Environmental Quality at 800-234-5677, ext. 4530.

Sincerely,

A handwritten signature in cursive script, appearing to read "James M. Jones".

James M. Jones
Civil Engineering Assistant
Technical Services Division

cc: Pima County DEQ (file) 6-7-5, m R
ADEQ - Phoenix
Ed Straughn, Certified Operator

Visit our website at: www.deq.pima.gov



Printed on Recycled Paper

PIMA COUNTY DEPARTMENT OF ENVIRONMENTAL QUALITY
Water Quality Program - Technical Services Division
150 W. Congress, Tucson, AZ 85701

NOTICE OF COMPLIANCE - WATER

Facility: Lyn Lee Water

System No.: 10-007

Inspected By: James M. Jones

Date: February 16, 2005

Accompanied By: Ed Straughn

County: Pima

Recommendations By:

Date:

Number of POE's/Wells: 1 / 2

System Grade: WD1

Population: 195

Service Connections: 65

The water system is in compliance with the following ADEQ requirements:

YES NO N/A

- | | | | |
|--|-----|-----|-----|
| 1. Certified operator..... Ed Starughn/WD2 | [x] | [] | [] |
| 2. Physical Facilities | [x] | [] | [] |

This report does not address the system's compliance with respect to the public notice, monitoring, and reporting requirements.

SUMMARY

As a result of the sanitary survey, your water system was found to have no major deficiencies in the operation or maintenance according to the requirements of the Arizona Department of Environmental Quality rules and regulations.

System Description

This is a community water system and consists of 2 wells, 1 pressure tank, and a distribution system.

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Secretary of the Arizona Corporation Commission, do hereby certify that

*****LYN-LEE WATER COMPANY*****

a domestic corporation organized under the laws of the State of Arizona, did incorporate on August 8, 1972.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

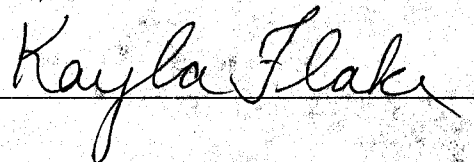
This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 11th Day of July, 2005, A. D.




EXECUTIVE SECRETARY

BY:





STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE



UE ON OR BEFORE 04/08/2005

FY04-05

FILING FEE \$45.00

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. OUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information on the report should reflect the current status of the corporation. See instructions on page 4 for proper format.

-0088254-4

LYN-LEE WATER COMPANY
2321 W CATALPA RD
TUCSON, AZ 85741

Business Phone: _____

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: PROFIT

2. Statutory Agent: M E BORING

Physical Address, If Different.

Mailing Address: 2321 W CATALPA RD

Physical Address:

City, State, Zip: TUCSON, AZ 85741

City, State, Zip:

ACC USE ONLY

Fee \$ _____

Penalty \$ _____

Reinstate \$ _____

Expedite \$ _____

Resubmit \$ _____

Use this box only if appointing a new Statutory Agent

If appointing a new statutory agent, the new agent **MUST** consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

Printed Name of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are **REQUIRED** to complete this section).

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- | | |
|---|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation |
| <input type="checkbox"/> 17. Import/Export | <input checked="" type="checkbox"/> 36. Utilities |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 38. Other _____ |

NON-PROFIT CORPORATIONS

- | |
|---|
| <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Benevolent |
| <input type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Science/Research |
| <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. Animal Husbandry |
| <input type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Professional, commercial industrial or trade association |
| <input type="checkbox"/> 17. Other _____ |

5. CAPITALIZATION: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. **Please Print or Type Clearly.**

5a. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**.

Number of Shares/Certificates Authorized	Class	Series Within Class (if any)
<u>1,000,000</u>	<u>Common</u>	

5b. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**.

Number of Shares/Certificates Issued	Class	Series Within Class (if any)
<u>16,000</u>	<u>Common</u>	

6. SHAREHOLDERS: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. **Please Type or Print Clearly.**

Name: M.E. BoringName: Lee C. BoringNONE ☐Name: Lyndi Anderson

Name: _____

7. OFFICERS Please Type or Print Clearly. You Must List at Least One.Name: M.E. BoringName: Lee C. BoringTitle: President / CEOTitle: Vice-PresidentAddress: 2321 W. Catalpa
Tucson, AZ 85741Address: 6101 N. Camino de la Tierra
Tucson, AZ 85741Date taking office: 8/1/76Date taking office: 8/1/86Name: Lyndi AndersonName: M.E. BoringTitle: SecretaryTitle: TreasurerAddress: 7956 N. Sendero Uno
Tucson, AZ 85704Address: 2321 W. Catalpa
Tucson, AZ 85741Date taking office: 8/1/76Date taking office: 8/1/72**8. DIRECTORS** Please Type or Print Clearly. You Must List at Least One.Name: M.E. BoringName: Lee C. BoringAddress: 2321 W. Catalpa
Tucson, AZ 85741Address: 6101 N. Camino de la Tierra
Tucson, AZ 85741Date taking office: 8/1/72Date taking office: 8/1/78Name: Lyndi Anderson

Name: _____

Address: 7956 N. Sendero Uno
Tucson, AZ 85704

Address: _____

Date taking office: 8/1/79

Date taking office: _____

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)

Nonprofit corporations must attach a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6)

Only Nonprofit Corporations must answer this question.

This corporation **DOES** ☐ **DOES NOT** ☐ have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: [Underlined portion pertains to business corporations only]

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
 - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) the consumer fraud laws of that jurisdiction, or
 - (c) the antitrust or restraint of trade laws of that jurisdiction?

One box must be marked:

YES ☐ NO ☒

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|---|---|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.D.2, 10-1623 & 10-11623)

A) Has the corporation filed a petition for bankruptcy or appointed a receiver?

One box must be marked:

YES ☐ NO ☒

B) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any other corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

[Underlined portion pertains to business corporations only]

One box must be marked:

YES ☐ NO ☒

If "YES" to A and/or B, the following information must be submitted as an attachment to this report for each person subject to the statement above.

1. The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name _____ Date _____ Name _____ Date _____

Signature _____ Signature _____

Title _____ Title _____

(The signature must be duly authorized corporate officer(s) listed in section 7 of this report.)

This is the instruction sheet for the annual reporting process for all corporations doing business in Arizona. Every corporation must submit an annual report once a year. This annual report must be correctly filled out and submitted by the assigned due date or the corporation may be administratively dissolved or have its authority revoked by the State of Arizona. This is the only notice you will receive. According to A.R.S. §10-1622.F, penalties accrue on business corporation annual reports which are submitted late (after the due date). Corporations must use the annual report form prescribed by the Corporation Commission. **No other format is allowed.**

Please verify the business address and statutory agent and agent address information on page one. Strike out incorrect information. Correct information should be legibly written above or to the side of struck, incorrect information. Complete the remainder of the form - use the corporation's original articles of incorporation, amendment documents and corporate minutes as guides for the stock questions. **IMPORTANT:** The entirety of this document is public record, including addresses cited. ***Use black or blue ink.**

- ☐ **Section 1.** All corporations must state their name, address, zip code, domicile state, and type (e.g., nonprofit, business, sole, professional, business trust). Please list a business phone number.
- ☐ **Section 2.** All corporations must state the name and address of the current Statutory Agent for the corporation. Correct information about the Statutory Agent is vital to the legitimate authority and status of the corporation. The statutory agent must provide both a physical and mailing address. If statutory agent has a P.O. Box, then they must provide a physical description of their street address/location. New Statutory Agents must consent to their appointment by signing the appropriate line. A corporation must amend their records at the Commission anytime the Statutory Agent is changed or whenever the Agent's designated mailing address changes. Do not sign in the space provided, unless you are appointing a new agent.
- ☐ **Section 3.** Foreign (out-of-state/country) corporations must state their known place of business in this state and in the jurisdiction in which they are incorporated. List the primary address in Section 1, and the secondary address in Section 3.
- ☐ **Section 4.** All corporations must check the category that best describes the character of their corporation in the applicable business or nonprofit corporation area.
- ☐ **Section 5.** All business corporations must indicate the number of shares which they have authorized and issued, the class and series. All business trusts must indicate the number of transferable certificates held by trustees.
- ☐ **Section 6.** All business corporations must indicate the list of applicable shareholders.
- ☐ **Section 7.** Please list all principal officers. All corporations must have at least one duly authorized officer, with address.
- ☐ **Section 8.** Please list all directors. All corporations must have at least one director per A.R.S. §§10-803.A & 10-3803.A.
- ☐ **Section 9.** All Nonprofit corporations must file a financial disclosure statement. Nonprofit corporations meet their obligation by attaching one of the following documents: 1) Their most recent copy of Page 2, Form 99 filed with the Arizona Department of Revenue; OR 2) A copy of the corporation's Charitable Organization Financial Statement as filed with the Arizona Secretary of State pursuant to A.R.S. §44-6552; OR 3) A copy of the corporation's Treasurer's Report/Financial Statement prepared for the current fiscal year; OR 4) A copy of the financial statement prepared for the corporation's members; OR 5) A statement that the corporation conducted no business in Arizona in the past year. All other types of corporations are exempt from filing a financial disclosure. All Nonprofit Corporations must also indicate whether or not the corporation has members.
- ☐ **Section 10.** All corporations must check either YES or NO in the Certificate of Disclosure. Those who check the "YES" box must supply the attachment required as explained in section 10.
- ☐ **Section 11.** All corporations must check either YES or NO in the Statement of Bankruptcy, Receivership or Charter Revocation (both A and B). Those who check the "YES" box must supply the attachment required as explained in section 11.
- ☐ **Section 12.** All corporations must read the declarations in this section. If they have complied, and if they have completed the Annual Report, then the applicable officer(s) listed in section 7 must acknowledge by signing and dating the report. The signer(s) shall be at least one duly authorized officer.
- ☐ **Sign, Date & Mail the Check and Annual Report.** Business corporations must send \$45, Nonprofit corporations \$10. Credit cards are not accepted. Business/profit corporations are subject to penalties if their report is submitted after its assigned due date. Contact the Annual Report section at 602-542-3285 (Phoenix) or 520-628-6560 (Tucson) or by FAX at 602-542-0082 for the penalty amount due.

MAKE CHECK PAYABLE TO:
MAIL OR DELIVER TO:

ARIZONA CORPORATION COMMISSION
c/o Annual Reports - Corporations Division
1300 West Washington or 400 West Congress
Phoenix, AZ 85007-2929 Tucson, AZ 85701-1347

Seek professional advice from your accountant, attorney, or other knowledgeable source if you need help with any section. The Commission's web site (www.cc.state.az.us) has more general information about annual reports and reporting requirements. The Annual Reports Section of the Corporations Division cannot give legal or tax advice, but you may call them with your other questions regarding this form at (602) 542-3285.

AR:0046

Rev. 01/2005